Healthy Start Monitoring and Evaluation System (HSMES) Database User Manual

VERSION 5.0

Health Resources and Services Administration (HRSA)
5600 Fishers lane
Rockville, 20857

1-12-15

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Introduction

This HSMES Database collects aggregate numbers on basic program components. This manual provides the Grantee with helpful information, which will assist with navigating the HSMES Database effectively.

1.1 Background

HRSAs Maternal and Child Health Bureau (MCHB) is responsible for promoting and improving the health of the nation's women and children by working in partnership with states, communities, public-private partners and families through the Healthy Start program. The Healthy Start program addresses disparities in infant mortality and perinatal health outcomes through the implementation of five approaches:

1) Improving women's health
2) Promoting quality services
3) Strengthening family resilience
4) Achieving collective impact
5) Increasing accountability (through quality improvement, performance monitoring and evaluation)

In order to support the Healthy Start program, a provisional solution has been developed to achieve the capture, analysis and reporting of data received through interviewing the participants of the Healthy Start program at Intake and Enrollment.

Overview

The HSMES Database allows HRSA to collect aggregate information and report on basic data components from all Healthy Start programs. The components include a monthly count regarding the number of new participants served, new births, participation in prenatal care etc. (see Appendix A for details). Further, the HSMES Database allows for the HRSA /MCHB to establish trend lines relating to the number of participants with and/or without health insurance for all 101 Healthy Start Grantees. The Grantees will utilize the HSMES Database each month to provide their counts and/or status report for that month. Also, the HSMES Database allows Grantees to print their reported data for their own records.

The basic data components were derived from a set of questions from an Office of Management Budget (OMB) approved form/document called "Preconception, Pregnancy and Parenting (3Ps)", in order to support the mission of HRSA/MCHB. The 3 Ps document represents a uniform data collection form that all Healthy Grantees will use in the future to obtain information about women participants, their children and families. Data collected from the form will allow Grantees to perform real-time internal analysis and share these data. It will meet the needs of Grantees in managing their projects and will allow the MCHB, Division of Healthy Start and Perinatal Services (DHSPS) to pool data and obtain snapshots of what is occurring at national and local project areas.

HRSA will provide the HSMES Database URL to the Grantees. The Grantees will access the URL by clicking on it. A Username and Password will not be required. The Grantee must **complete these components once a month**.

This HSMES Database User Manual contains step-by-step instructions to guide the Grantees through the completion of the questionnaire through the use of their personal computers, by filling in the radio buttons, check boxes or free text fields as required by the question being completed.

1.2 Summary of HSMES Database User Manual

The HSMES Database User Manual is comprised of the following sections:

- HSMES Database Navigation
  - Accessing the HSMES Database
  - Completing Questions that Require Data Entry
  - Completing Questions that Require Completion of Radio Buttons
  - Advancing from Page to Page Through the Questionnaire
  - Returning to the Previous Page of the Questionnaire
  - Submitting a Completed Questionnaire
  - Printing a Completed Report
  - Finishing the Questionnaire
  - Beginning a New Questionnaire
- Appendix A – HSMES Database Questionnaire
- Appendix B – HSMES Questionnaire Technical Support
- Appendix C – HSMES Definitions

HSMES Database Navigation

1.3 Accessing the HSMES Database

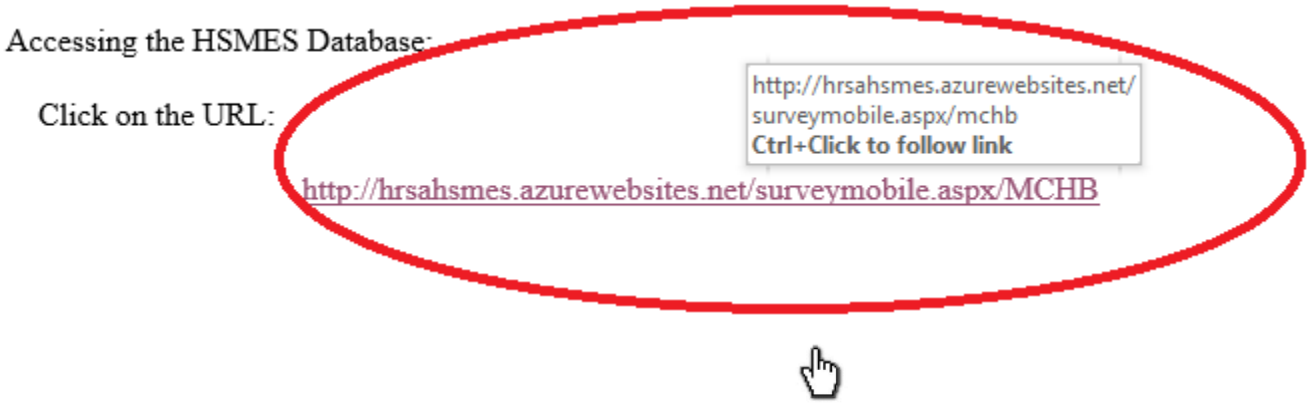
In order to access the HSMES Database:

1. ***"Mouse over"*** over the HSMES Database
   URL – http://hrsahsmes.azurewebsites.net/surveymobile.aspx/MCHB.

2. Hold down the "***Ctrl***" key on the keyboard. While holding down the "***Ctrl***" key and "***mousing over***" the URL, a "***pointer hand***" will appear.

   At this moment "***left click***" the mouse .

   These simultaneous actions will result in the display of the HSMES Database.



1.4 Completing Questions that Require Data Entry

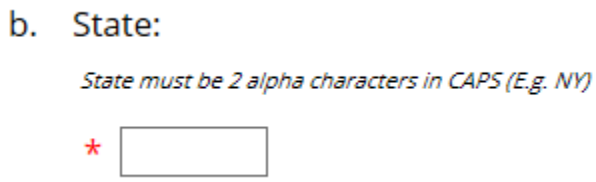
The Grantees are required to complete all the components in the HSMES Database. The Grantees will submit the reports monthly. For example, the December 2014 report should reflect data for December 1st through 31th of the month. However, the December report should be submitted to the HSMES Database on January 10th of the preceding month. This provides time for the Grantees to gather and analyze the data necessary to submit the report from the prior month. If Grantees have not seen participants, the Grantees should input "0." In essence, the reports should always be submitted to the HSMES Database on the 10th of the preceding month. Remember, this is a monthly report and should reflect information from the 1st through 30th or 31st of every month. **Questions should be answered based on new, enrolled and active participants for the month. HS participants include pregnant women, non-pregnant women and children ages 0-2.** However, the questions pertaining to "Total number of Healthy Start participants served to date" and "Total number of Healthy Start participants to date without Health Insurance" are cumulative counts. hese two questions should provide the number HS participants in the program.. The total should comprise of active and enrolled participants. **Males** are not considered participants in the HS program; however, we would like to know the number of males participating in HS activities for the month in a separate count.

When answering a question that requires you to enter data into a field.

You must navigate over the ***"free text"*** field with your mouse and

1. "***Left click***" the mouse.

This action will allow you to input the data requested.



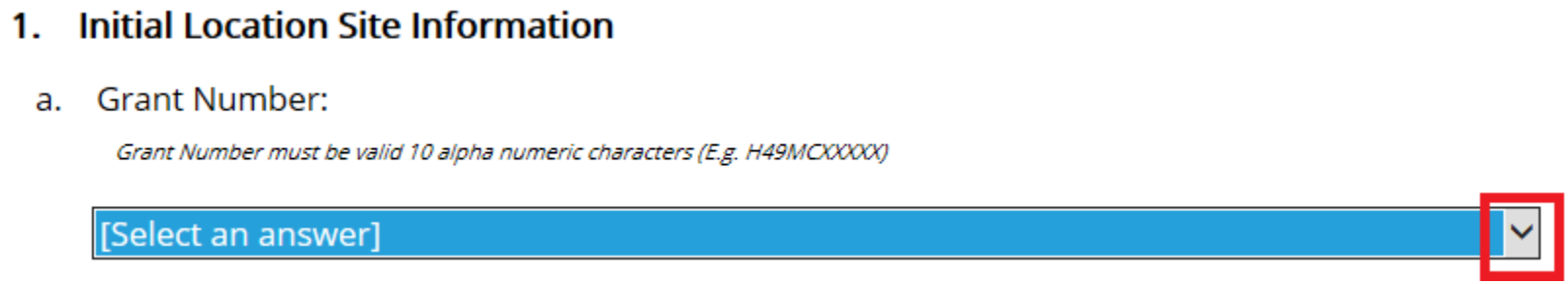
➢

1.5 Selecting a Value Through the Use of a Drop Down Box

When completing a response through the selection of a value that exists in a drop down. You must:

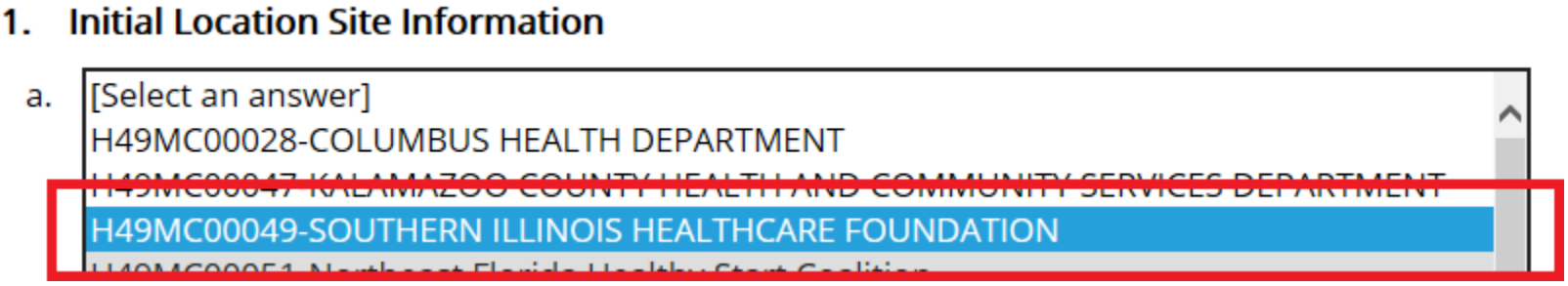
1. Navigate over the "down arrow" with your mouse and

2. "***Left click***" the mouse.



NOTE: The screen shot above does not depict the entire last page of the questionnaire.

This action will allow you to choose the value (Grant Number) required.



NOTE: The screen shot above does not depict the entire last page of the questionnaire.

1.6 Completing Questions that Require Completion of Radio Buttons

When answering a question that requires you to answer a question by filling in a radio button . You must:

1. Navigate over the radio button with your mouse and

2. "***Left click***" the mouse.

This action will allow you to fill in the radio button associated with the response chosen.

E.g.

NOTE: The screen shot above does not depict the entire last page of the questionnaire.

NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

1.7 Advancing from Page to Page through the Questionnaire

In order to navigate from page to page, you must:

1. Click the "***Next page***" button located at the bottom left corner of the questionnaire page.

You will be taken to the next page.

You will only be able to advance to the next page of the questionnaire if all required questions, on the questionnaire page, have been completed.

NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

1.8 Returning to the Previous Page of the Questionnaire

In order to return to the previous page, you must:

1. Click the "***Previous page***" button located at the bottom left corner of the questionnaire page.

You will be taken back to the previously completed questionnaire page.

NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

1.9 Submitting a Completed Questionnaire

In order to submit the completed questionnaire, you must:

1. Navigate to the "***Submit***" button located at the bottom left corner of the questionnaire page.

Click on the "***Submit***" button and you will submit the completed questionnaire.

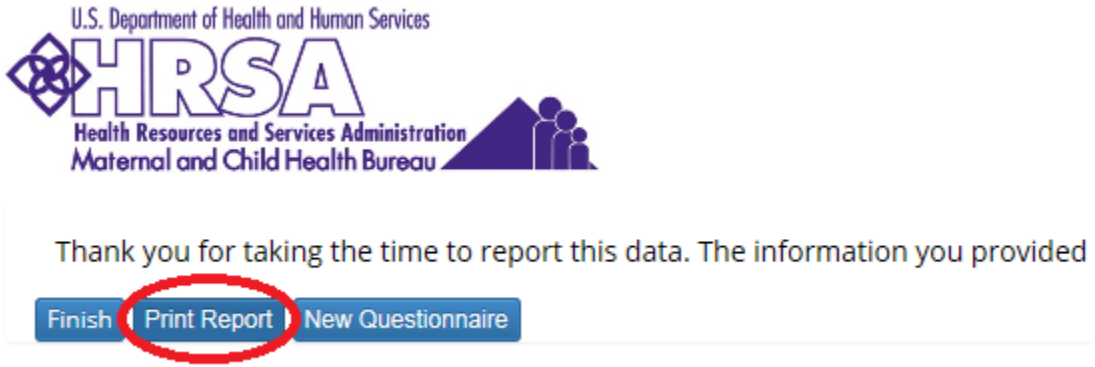
You will only be able to submit the questionnaire if all required questions, on the questionnaire, have been completed.

NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

1.10 Printing a Completed Report

In order to print the report of the questionnaire that has been completed, you must:

1. Click on the "***Print Report***" button on the top left corner of the questionnaire. The "***Print Report***" button will be displayed ***after*** the questionnaire has been submitted.

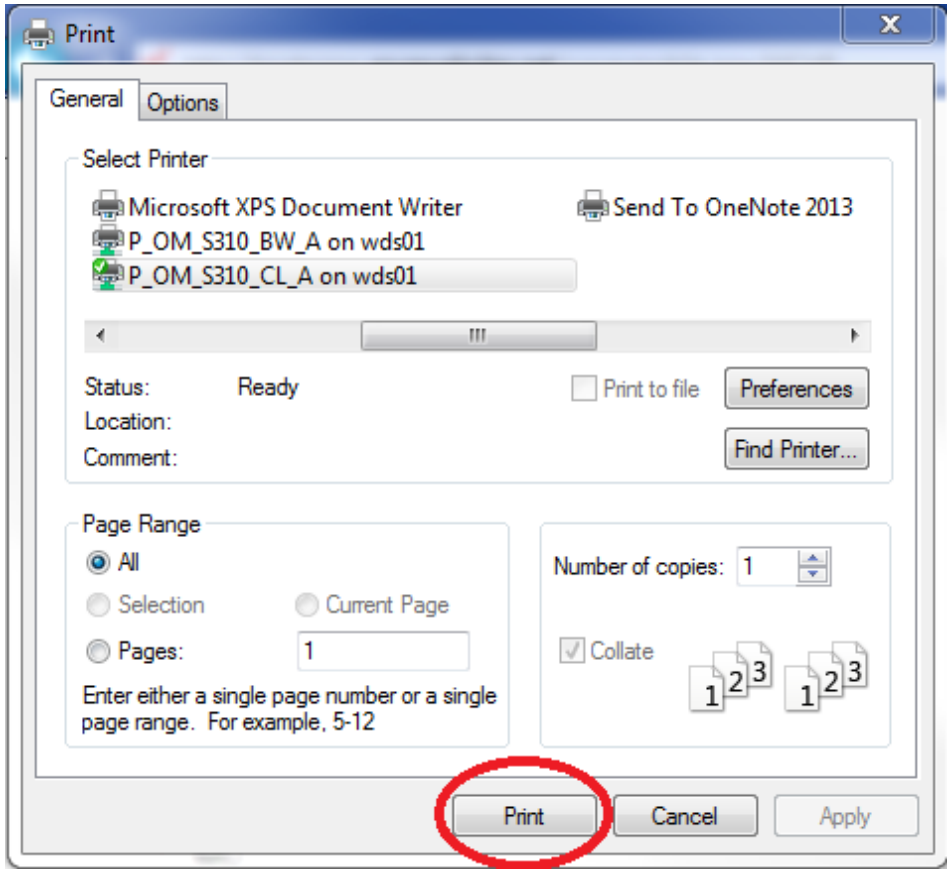


NOTE: The screen shot above does not depict the entire last page of the questionnaire.

NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

The print options available to you are now displayed. You must:

2. "***Left click***" on the highlighted ***print*** button below.

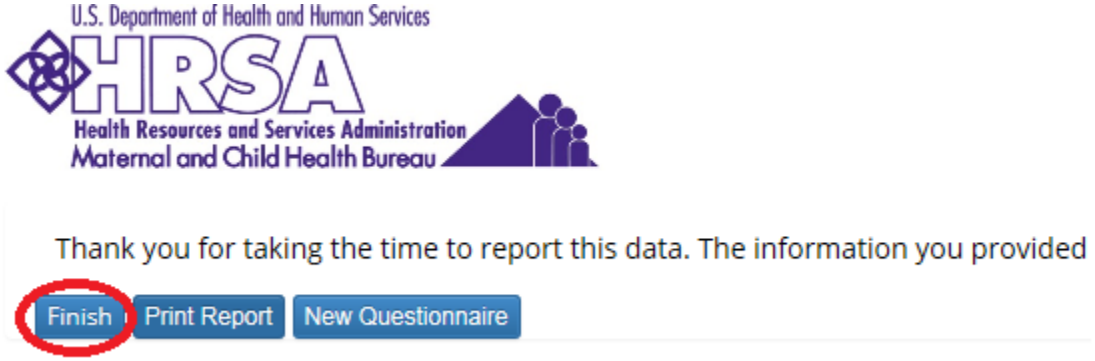


NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

1.11 Finishing the Questionnaire

Upon successfully submitting the questionnaire, the questionnaire can be "***finished***". Once the questionnaire is finished, you will be redirected to HRSAs website. In order to "***finish***" the questionnaire, you must:

1. Click on the "***Finish***" button on the top left corner of the questionnaire.



NOTE: The screen shot above does not depict the entire last page of the questionnaire.

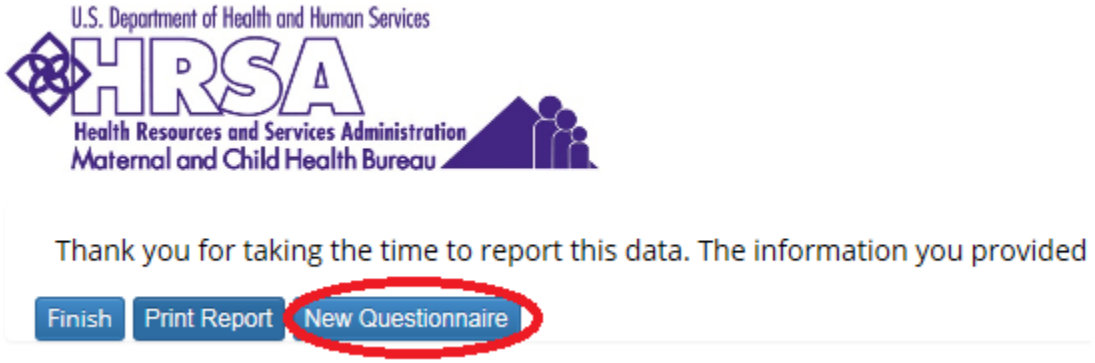
Upon clicking on the "***Finish***" button, you are taken to the HRSA website - http://www.mchb.hrsa.gov/

NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

1.12 Beginning a New Questionnaire

In order to begin a new report, you must:

1. Click on the "***New Questionnaire***" button on the top left corner of the questionnaire.



NOTE: The screen shot above does not depict the entire last page of the questionnaire.

The "***New Questionnaire***" button will be displayed ***after*** the questionnaire has been successfully completed and submitted.

NOTE: Saving the questionnaire to your computer is NOT recommended as the information input into the questionnaire will not be saved.

Appendix A – HSMES Database Questionnaire

1. Initial Location Site Information

a. Grant Number:

Grant Number must be valid 10 alpha numeric characters (E.g. H49MCXXXXX)

[Select an answer]

b. State:

State must be 2 alpha characters in CAPS (E.g. NY)

*

c. Month:

Month must be 2 digits (E.g. 01)

*

d. Year:

Year must be 4 digits (E.g. 2014)

*

Healthy Start Participants

1. Healthy Start Participants Enrolled:

a. Number of new Healthy Start Participants (Within the past 30 to 31 days?):

Numeric Characters Only

*

b. Total number of Healthy Start Participants served to date:

Numeric Characters Only

*

2. Healthy Start Participants' Health Insurance Status:

a. Number of new Healthy Start Participants without Health Insurance:

Numeric Characters Only

*

b. Number of new Healthy Start Participants enrolled with Health Insurance:

Numeric Characters Only

*

c. Total number of Healthy Start Participants without Health Insurance to date:

Numeric Characters Only

*

3. Program Participants' Births:

a. Total number of Live Births to date:

Numeric Characters Only

* [ ]

b. Total number of Low Birth Weight Births to date:

Numeric Characters Only

* [ ]

c. Total number of Births < 37 Weeks (Pre-term) to date:

Numeric Characters Only

* [ ]

4. Program Participants' Infant Deaths:

a. Total number of infant deaths (from birth to one year) to date:

Numeric Characters Only

* [ ]

5. Number of New Program Participants by Demographics:

a. Race:

Numeric Characters Only

American Indian or Alaska Natives	*	
Asians	*	
Black/African Americans	*	
Native Hawaiians/Pacific Islanders	*	
Whites	*	
Multi-racial	*	
Other and/or Unknown	*	
Refused	*	

b. Ethnicity:

Numeric Characters Only

Hispanics/Latinos	*	
Non-Hispanics/Latinos	*	

c. Geography (Rural, Urban and Border):

Select One

- ○ Rural
- ○ Urban
- ○ Border

d. Total number of HS participants who utilize WIC services to date:

Numeric Characters Only

* [ ]

e. Total number of HS participants that utilize Community Health Center (CHCs) or FQHCs services for primary health services to date:

Numeric Characters Only

* [ ]

6. Program Participants' Behaviors:

a. Total number of HS participants who initiated Breastfeeding to date:

Numeric Characters Only

*

b. Total number of HS participants receiving Prenatal Care beginning in the 1st Trimester to date:

Numeric Characters Only

*

c. Total number of pregnant HS participants who abstained from Alcohol, Tobacco Use and Illicit Drugs to date:

Numeric Characters Only

*

d. Total number of HS participants giving birth who attended postpartum care visits to date:

Numeric Characters Only

*

7. Number of New Healthy Start Participants by Category:

a. Number of new HS participants enrolled:

Numeric Characters Only

Pregnant women	*	
Infants up to 12 months (1 year)	*	
Children 13-24 months (2 years)	*	
Non-Pregnant Women	*	
* Number of Males	*	

Data Notes

Please Enter any Comments:

Limited to 500 characters

Appendix B – HSMES Questionnaire Technical Support

If technical support is needed, please click on the link below to view an HSMES Questionnaire training session. The HSMES Questionnaire training session outlines how to complete the HSMES Questionnaire.

http://mchb.hrsa.gov/programs/healthystart/index.html

Appendix C – HSMES Definitions

Data Elements	Definitions	Data Points
Grant Number	The Healthy Start (HS) Grantee is assigned a 10 digit alpha numeric at the beginning of a new grant cycle. The number can be found on the Notice of Award (NoA).	**Grantee Number**: A "10" digit alpha numeric characters (e.g., HM49MCXXXX) and the number should be entered in this data box (10 Spaces).

State	Grantee's State Acronym (e.g., CA represents California)	Acronym must be 2 alpha characters in CAPS (e.g., MD). There are only 2 spaces for this data box.
Month	Represents the reporting "month." This is two numeric characters that correspond with the month of the year. For example. "02" correspond with "February."	Month must be 2 numeric characters (e.g., 02 represent February).
Year	Represents the reporting "year" of the month. This is four digit numeric characters that correspond with the year. For example, "2014."	The year must be 4 digits (e.g., 2014)
Number of new Healthy Start Participants (within the past 30 to 31 days)	Newly **enrolled** HS participants include: 1) Pregnant Women, 2) Non-Pregnant Women, and 3) Children ages 0-2 for the month, **meaning the participants just enrolled in the program that month.**	Numeric characters and there is no limit.
Total number of Healthy Start Participants served to date	For all **enrolled** and **active** HS participants to date. The enrolled and/or active HS participants include: 1) Pregnant Women, 2) Non-Pregnant Women and 3) Children ages 0-2. This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of HS participants enrolled and active to date.	Numeric characters and there is no limit.
Number of new Healthy Start Participants without Health Insurance	Newly **enrolled** HS Participants include: 1) Pregnant Women, 2) Non-Pregnant Women, and 3) Children ages 0-2, without Health Insurance (e.g., Medicaid, Private Insurance) for the month. We want to know the participants' health insurance status (without health insurance) at the time of enrollment in the HS Program. We recognize that the participants' health insurance status may change during the month.	Numeric characters and there is no limit.
Number of new Healthy	Newly **enrolled** HS Participants include: 1) Pregnant Women, 2) Non-	Numeric characters and there is

Start Participants enrolled with Health Insurance	Pregnant Women, and 3) Children ages 0-2, with Health Insurance (e.g. Medicaid, Private) for the month. We want to know the participants' health insurance (with health insurance) status at the time of enrollment in the HS program.	no limit.
Total number of Healthy Start Participants without Health Insurance to date	For all **enrolled** and **active** participants to date. The enrolled and/or active participants include: 1) Pregnant Women, 2) Non-Pregnant Women and 3) Children ages 0-2. This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of HS participants without health insurance in the HS Program.	Numeric characters and there is no limit.
Total number of Live Births to date	Number of **Live Births** from HS women participants to date. This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of Live Births from HS women participants. Exclude ***Multiple Births*** from this count. Include in the "Data Notes" section, the number of multiple births.	Numeric characters and there is no limit.
Total number of Low Birth Weight (>2,500 grams) Births to date	Number of **Live Births less than 2,500 grams** from HS women participants to date. This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of Live Births less than 2,500 grams among HS participants. Exclude ***Multiple Births*** from this count. Include in the "Data Notes" section, the number of multiple births.	Numeric characters and there is no limit.
Total number of Births < 37 Weeks (Pre-term) to date	Number of **Live Births that occur at 17 through 36 weeks of gestation** among HS women participants to date. This is a **cumulative count**, meaning at the time of the monthly reporting, what is the total number of Live Births that occur at 17 through 36 weeks from HS women participants Exclude ***Multiple Births*** from this count. Include in the "Data Notes" section, the number of multiple births.	Numeric characters and there is no limit.
Total number of infants deaths (from birth to one	Number of **Infant Deaths** from **birth to one year** among HS participants to date. This is a **cumulative count**, meaning at the time of the monthly	Numeric characters and there is

year) to date	reporting, report the total number of Infant Deaths from HS among HS participants.	no limit.
Race: **American Indian or Alaska Natives** **Asians** **Black/African Americans** **Native Hawaiians/Pacific Islanders** **Whites** **Multi-racial** **Other and/or Unknown** **Refused**	Report the "**Race**" of newly **enrolled** HS Participants which include: 1) Pregnant Women, 2) Non-Pregnant Women, and 3) Children ages 0-2 for the month.	Numeric characters should be entered and there is no limit. This number would match "1a."
Ethnicity: **Hispanics/Latinos** **Non-Hispanics/Latinos**	Report the **"Ethnicity"** of newly **enrolled** HS Participants which include: 1) Pregnant Women, 2) Non-Pregnant Women, and 3) Children ages 0-2 for the month. This monthly counts date ranges from 1st through the 30 and 31st of every month.	Numeric characters should be entered and there is no limit. This number would match "1a."
Geography: **Rural** **Urban** **Border**	Choose the **"Geographic**" area that the Grantee is serving. The choices include: 1) Rural, 2) Urban and 3) Border.	Click a one button to select the Geographic area served by the grantee.
Total number of HS participants who utilize	For all **enrolled** and **active** HS participants who utilize WIC services. The enrolled and/or active participants include: 1) Pregnant Women, 2) Non-	Numeric characters and there is

WIC services to date	Pregnant Women and 3) Children ages 0-2. **This count would include both mother and children ages 0-2.** This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of HS participants who utilize WIC services to date.	no limit.
Total number of HS participants that utilize Community Health Center (CHCs) or FQHCs services for primary health services to date	For all **enrolled** and **active** HS participants who utilize Community Health Center (CHC) or FQHCs for their primary health services. The enrolled and active participants include: 1) Pregnant Women, 2) Non-Pregnant Women and 3) Children ages 0-2. This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of HS participants who utilize Community Health Services (CHC) or FQHCs for their primary care medical home. (See Medical Home in Appendix B: Glossary of Terms of the Healthy Start FOA).	Numeric characters and there is no limit.
Total number of HS participants who initiated Breastfeeding to date	This is a cumulative count for all **enrolled** and **active** HS women participants who have given birth and initiated breastfeeding following birth.	Numeric characters and there is no limit.
Total number of HS participants receive Prenatal Care beginning in the 1st Trimester to date	For all **enrolled** and **active** HS participants receive prenatal care beginning in 1st Trimester. The enrolled and active participants include: 1) Pregnant Women, 2) Non-Pregnant Women and 3) Children ages 0-2. **This count should only include HS pregnant women participants.** This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of HS participants receiving Prenatal Care beginning in 1st Trimester to date.	Numeric characters and there is no limit.
Total number of pregnant HS participants who abstained from Alcohol, Tobacco Use and Illicit Drugs to date	For all **enrolled** and **active pregnant** HS participants who abstained from Alcohol, Tobacco Use and Illicit Drugs. The enrolled and active participants only include Pregnant Women for this count., . This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of HS pregnant participants who abstained from Alcohol, Tobacco Use and Illicit	Numeric characters and there is no limit.

	Drugs to date.	
Total number of HS participants giving birth who attended postpartum care visits to date	For all **enrolled** and **active** HS women participants giving birth attend postpartum care visits. This is a **cumulative count**, meaning at the time of the monthly reporting, report the total number of HS women participants who gave birth and attended postpartum care visit.	Numeric characters and there is no limit.
Number of new HS participants enrolled: **Pregnant women** **Infants up to 12 months (1 year)** **Children 13-24 months (2 years)** **Non-Pregnant Women**	Report the **"count"** of newly **enrolled** HS Participants by the following categories • Pregnant women, • Infants up to 12 months • Children 13-24 months • Non-Pregnant Women	Numeric characters should be entered and there is no limit. This number would match "1a."
Number of Males	Report a monthly **"count"** of adult males participating in HS activities (e.g., education and prenatal care classes and HS community events). We do not count male adults as HS program participants.	Numeric characters and there is no limit. This number would not match with "1a."
Data Notes	Report any data related notes in this section (e.g., data source, data limitations) as well as status (e.g., preliminary vs final).	Text box is a 500 character limit.

Important Notes:

- All monthly reports are due the 10th of every month. The report should include counts of HS participants newly enrolled and/or active within 30 to 31 days of the previous month.

- When a woman status changes from Pregnant to Non-Pregnant, the grantee should report the current status of the woman at the time of the monthly report cut-off date (i.e., last day of the month).
- Active participants (e.g., pregnant, non-pregnant and children ages 0-2) are those who are participating in the Healthy Start Program at the time of the monthly cut-off date (e.g., last day of the month), and this does not include closed cases. This number includes both newly enrolled and active HS participants.
- Newly enrolled are participants (e.g., pregnant, non-pregnant and children ages 0-2) who were enrolled in the Healthy Start Program during the reporting period (e.g., within 30 to 31 days of the previous month).

END OF DOCUMENT